Maricare Limited

Beech Haven

Inspection report

Beech Haven Care Home
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 28 February 2017. Beech Haven provides accommodation, personal and nursing care for up to 29 older people. At the time of our visit 23 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in January 2016 we identified that where risks to people's well-being were identified, management plans were not always in place to minimise the risk. That was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw the registered provider had made sufficient improvements and the regulation in question was not breached any longer. People's care records contained risk assessments where risks had been identified. The risk assessments gave staff guidance on how to reduce the likelihood of people coming to harm and manage these risks.

People told us they felt safe. Staff knew what to do in an event of suspecting abuse. Staff received safeguarding training and they were confident the management would take appropriate action if needed. The registered manager ensured there were sufficient numbers of staff on duty to keep people safe. The registered provider followed safe recruitment procedures to ensure only suitable staff were caring for people.

People received their medicine as prescribed and the medicines were kept securely and as per manufacturers' guidance. People were supported to access health care services when required. People's nutritional needs were assessed and people were supported to maintain appropriate nutrition and hydration.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff and the registered manager understood the MCA and DoLS and the provider followed the legal requirements. People told us staff respected their decisions and wishes.

Staff were supported through regular supervision process. Staff had access to training and development opportunities that enabled them to carry out their roles effectively.

People received compassionate care from staff. People were cared for in a way that met their needs. People were involved as much as possible in their care and were asked for consent before staff began to support them. People's dignity, privacy and confidentiality were respected.

People's needs were assessed prior to their admission. People's care plans were up–to-date and reflected the support people required to meet their needs. Where people's needs had changed care plans were updated accordingly. People received care that met their needs and we observed staff knew people's needs well.

People were encouraged to engage in activity opportunities and benefitted from a secure environment. The registered manager planned to make improvements to the external environment so people were able to enjoy their time in the garden.

The provider had a complaints procedure in place and people told us they would not hesitate to speak to staff if they had any concerns. The registered manager ensured people's views were sought and acted on when needed.

The registered manager ensured the quality assurance systems were effective and worked to continuously enhance the quality of the care provided. They had a good overview of all actions identified through a number of audits and ensured any actions that required a follow up were completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines safely and there were appropriate systems for the management and administration of medicines.

People told us they felt safe.

Staff were aware of their responsibilities to keep people safe from avoidable harm and abuse.

People were cared for by sufficient numbers of staff to keep them safe.

Is the service effective?

Good

The service was effective.

Staff received training that equipped them with the skills they needed to carry out their roles. Staff were well supported by the management.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored.

Is the service caring?

Good

The service was caring.

People told us that staff were caring.

We observed positive and caring interactions between people who used the service and staff throughout the inspection.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care records reflected their needs and preferences.

People told us they received support that met their needs.

The provider had a complaints policy in place and people knew what to do if they had any concerns.

Is the service well-led?

Good

The service was well led.

The provider had ensured their systems for monitoring and assessing the quality of the service had improved and were effective.

Staff were aware of whistleblowing policy.

The management team provided good support to the team.

Beech Haven

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This inspection took place on 28 February 2017 and was unannounced. The inspection team consisted of two inspectors, a nurse Specialist Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. We asked the provider to complete a Provider Information Return (PIR) and this was returned. A PIR is a form that asks the provider some key information about the service, what the service does well and any improvements they plan to make. We also reviewed the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We also contacted the local authority commissioners of the service to obtain their views.

During our inspection we spent time observing how care was delivered. We spoke to five people and three relatives. We also spoke with the registered manager, two registered nurses and three members of care staff.

We looked at records, which included six people's care records and a sample of the medication administration records. We checked recruitment files and staff training information for four staff members. We also looked at a range of records about how the service was managed. Following our inspection we contacted a number of external professionals who had been involved in providing the care to the people living at the service to obtain their views.

Good

Is the service safe?

Our findings

At our last inspection in January 2016 we identified that where risks to people's well-being were identified, management plans were not always in place to minimise these risks. That was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider ensured people's care records contained risk assessments where risks had been identified. People's risk assessments covered aspects of potential harm people could experience, for example falls, skin integrity and malnutrition. The risk assessments gave guidance to staff on how to reduce the likelihood of people sustaining harm and manage the risk. People's risk assessments were regularly reviewed and were linked to their care plans. For example, one person had been assessed as being at a high risk of falls. Their care plans reflected the risk and outlined the assistance required to manage this risk. The person's care plan read the person "forgets to use the frame, staff to remind". Risks to people's well-being were appropriately managed. For example, when people had been assessed as at risk of developing a pressure area, their risk assessments gave clear instruction on how to set the pressure relieving mattress properly. One person's care plan stated their mattress needed to be adjusted at between 75 kg and 80 kg marks and we saw it was set up correctly. This meant the person was protected from developing a pressure area.

People told us they felt safe. Comments from people included, "I like that there is always someone I can call if I need some help or just someone to chat to", "I really can't manage on my own anymore, even just to get to the toilet. All the staff help me and I feel much safer now than when I was in hospital".

People were cared for by staff that knew how to recognise abuse and keep people safe from harm. Staff had received training on safeguarding issues and were knowledgeable about what action to take if they suspected an abuse. A member of staff told us, "I'd go to senior or the manager". Staff felt confident the registered manager would take action if required.

There were enough staff on duty to keep people safe and staff did not appear to be in a hurry on the day of our inspection. People told us they always received help as needed. One person said, "I think there are enough staff, there's always someone around whenever I need any help". Another person said, "If I ring my bell, I sometimes have to wait five or ten minutes, but not usually any longer than that". People's relatives also felt there were enough staff. One relative said, "It's the one big difference to where [person] was before, I've never seen any agency staff here". Another relative said, "There always seem to be plenty of staff wondering around whenever I'm here. Certainly, if I want to talk to somebody I can easily find someone and [person] has never said that they had to wait very long if they needed to call someone for help". The registered manager used a dependency tool to determine the staffing level needed. We looked at the rotas and saw the expected staffing levels were achieved. An external professional said, "The staff seem to know all the patients well. It is a small home with a regular team. I do not see agency nurses there".

People told us they received medicines when needed. One person said, "One of the nurses gives me my tablets three times a day. She'll give me a drink with them and then watch me take them". Another person

said, "I need help with my tablets. The nurse gives them and a drink to me morning and night so I can take them".

We observed administration of medicines and we saw people received their medicine as prescribed. The registered manager told us they were going to ensure additional supervision and competency checks were carried out. The medicines were kept securely in a designated drug trolley and in the drugs room that was locked. Controlled Drugs (CD) were stored in a locked cabinet. A random check of the CD stock matched the amount recorded. Medicine Administration Records (MAR) were completed to show when medication had been given. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Medicine room and fridge temperature records were available and completed fully, there were no gaps and the temperature recorded was within safe range. When people needed their medicine to be administered 'as required' (PRN) there were clear protocols in place for staff to follow. When we observed a member of staff that was not following the provider's policy in relation to medicine management the registered manager took immediate action and spoke with the member of staff. They also assured us they would follow it up via a recorded supervision.

Accident and incident recording procedures were in place and appropriate action had been taken where necessary. For example, one person had felt unsteady and staff had assisted them to sit safely on the floor. Staff had ensured regular observations had been carried out and the person was referred to a health professional for further review.

People had personal emergency evacuation plans (PEEPS) in place. This meant that in an emergency or in an event of evacuation emergency services would know what level of care and support people may need. The PEEPs were personalised and reflected not only the level of assistance needed to evacuate people safely but also details about the risk people presented to others or themselves when out of the building. The provider had systems in place to monitor the safety of the premises. The checks included water temperatures, fire risk assessment and equipment checks.

Good

Is the service effective?

Our findings

At our last inspection we identified staff supervision was not always recorded and the registered manager told us they were in a process of implementing a new supervision plan. At this inspection we found records relating to staff supervision had improved. The registered manager put a matrix in place that enabled them to track when the staff supervision was due. We viewed examples of supervision records and noted areas such as staff performance, training and development and attendance were discussed. Where an action had been identified the registered manager ensured this was followed up. For example, it had been identified a member of staff had wanted to attend further training in their area of interest. We saw the registered manager had ensured the training session was scheduled. Staff told us they felt supported. A member of staff said, "We had supervisions, quite a lot, if needed can approach the management (at any time)".

People complimented staff, their skills and the fact they knew people's needs thoroughly. Comments from people included, "I've seen the list (of training) in the lift and sometimes they'll talk about a training they've just done", "Yes, very much so (familiar with needs). They know I like a bath at the end of the week" and "I never have to remind them about how I like things to be done".

Staff received training that enabled them to carry out their roles effectively. We viewed staff training records and we saw their training included areas such as safeguarding, first aid, infection control, health and safety, food hygiene and manual handling among the other non-mandatory training.

The registered manager told us they had recognised the need for and the benefit of appointing an in-house trainer and they had appointed one. Staff told us they felt the training was good. Comments from staff included: "There wasn't much when I first joined, now it got better, we've got trained, I've learnt a lot more, feel confident now, it is a good training" and "It's my first job in care, I learned quite a lot and training prepared me well for the role".

People told us their wishes were respected and they were able to make their own decisions. One person said, "I tell the carers if I don't like something". Another person said, "I sometimes don't want a big meal. No one forces anything on me. They might try to encourage me to eat something, but that's all". Other comments included, "I've had the days changed for my showers. No bother was made about it" and "I asked to sit in the conservatory during the day rather than the lounge as I like my own company. Nobody said anything to stop me". An external professional said, "They appear to have a good understanding of mental capacity".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People's records confirmed the Act was followed. For example, one person's care records clearly showed which decisions the person was still able to make. The records also clearly showed that the person had variable capacity to make some decisions at times and needed staff support. Where required, the registered manager applied for DoLS.

Staff were knowledgeable about the MCA and knew how to ensure people's rights were protected. Comments from staff included, "Everybody give people right to make own decisions, even if people can't speak, we give them choice, they can blink (to answer) or you just know people well (so you know what they want)" and "Don't just assume people can't decide for themselves, follow best interest (process) when required".

People were supported to maintain their well-being and have access to health professionals if needed. People told us they had seen various professionals. One person said, "Even if I'm not ill, the GP will usually pop her head round my door and have a quick chat with me every time she is in. I've just had my eyes tested because I was worried that my eyesight is getting worse, but they told me everything is alright, so yes I do feel involved in my health care at the moment". Another person said, "I saw the optician last week and the GP is usually here every week. When I need the dentist, I mention it to one of the staff and they arrange it". People's records also reflected the input and advice from the professionals which was incorporated into people's care planning and support. An external professional told us, "They have good medical support with a weekly visit from GP. The staff work well with our team and refer appropriately". Another professional said, "They call the GP and 111 appropriately. They use proactive care plans to help decide on care needs".

People were supported to meet their nutritional needs and they complimented the support with which they were provided at their meal times. One person said, "After breakfast, one of the staff will come round and tell us what choices there are for dinner and then what there is for tea and you can decide what you'd like then. I sit in the dining room for my dinner and I don't really need any help other than to give it to me on the tray where I can reach it". Another person said, "The staff will usually cut my meal up for me but then I can manage to feed myself".

We observed the lunch service which was very positive. Some people chose to sit in the dining room. We observed people were offered a choice of different drinks and the main meal. People enjoyed their food. Where needed, staff kept a record of how much people ate. People who required assistance with their meals were not rushed. Staff encouraged people appropriately to eat as much as they could. The kitchen staff had system in place to make sure people received the correct nutrition. There was information available that gave details of people's nutritional preferences and their dietary needs.

Good

Is the service caring?

Our findings

People told us staff were caring and compassionate. One person said, "I know all the staff really well. They are really kind and friendly and they all know me. I like chatting with them". Another person said, "I like seeing the same staff all the time. I don't have to always explain everything I need help with". One relative said, "There is a resident here who every two minutes will ask the same question but all the staff are so good with them. They never seem to mind answering the same questions over and over again. I wouldn't have that patience!" An external professional said, "Yes they are person centred, some (people) can stay in their room if preferred rather than enforced sitting in the living room".

Throughout the day of our inspection we observed caring interactions. For example, one person was calling 'hello' from their bedroom. This was answered straight away by a member of staff. The person asked for cup of tea. The member of staff said they would get one and asked, "Do you want some squash while I fetch it, do you want sugar in your tea?" The person replied, "Yes, two please". Then we observed the staff member came back a few minutes later with the drink for the person. We also observed another person suffering from dementia who asked their relative to get up but the person was immobile. The staff ensured the person was given space and staff were kind and patient with the person. We observed that when the person took their relative's pudding at the meal time, staff just quietly fetched another one, letting the person to walk away and eat the one they chose. This meant the staff knew people's needs well and they knew how to assist them in a way that met their needs.

Staff were compassionate and attentive and knew what was important to people. For example, one person's care plan read "[Person] enjoys having their cuddly toys on the bed which brings comfort". We checked the person's room and we saw the person's cuddly toys were situated on their bed as per their wishes. This meant the staff ensured person's well-being was maintained.

People were able to build positive working relationships with staff. Comments from people included, "The cleaner here is really nice. I stay in my room a lot and she always has a good chat with me every day as she cleans my room" and "The young lads are lovely. They'll chat about their sporting interests which I find fascinating. It's a whole different world out there". People's relatives were complimentary about the care provided. One relative said, "[Person's] dementia is such that she really doesn't know who she is or where she is anymore but she does like to have a walk around and the staff are good and will take her out for a walk when they have the time to do so. I am quite happy that she is supported safely when she is out and I'm just pleased that she has the opportunity to spend some time out of doors rather than being cooped up in here all the time".

People told us staff ensured people felt listened to. Comments from people included, "I forget things really easily, but the staff never mind reminding me what it is I want to know", "We always have a good old chat with all the staff. They're like family or friends really" and "Most of the staff just know by looking at me when I'm having a tough day. That's how caring they really are".

People told us their dignity and privacy were respected. Staff knocked at people's door before entering.

People told us they felt staff respected them. Comments from people included, "One of the staff will sometimes tell me that I've spilt something down myself and she'll take time to change me and get my dirty clothes washed" and "Carers always close my curtains for me as it starts to get dark". Comments from relatives included, "I've been visiting for a long time and I've never seen any sort of behaviour by staff towards residents that has concerned me in the least. All the staff are so patient", "[Person] is always dressed beautifully whenever I see them. [Person] used to take such pride in her appearance" and "Everyone knocks and waits before entering [person's] room".

People told us their independence was promoted. One person said, "I can get myself up washed and dressed and I just need a bit of help to make my bed in the morning. Someone will usually just knock on the door and ask me if I'm alright and if I need any extra help. I like to do what I can for myself". This meant people were supported not to lose their skills and lead their life as independently as possible.

People's end of life wishes were reflected in their care documentation. On the day of our inspection no people were receiving end of life care. The registered manager worked to support staff that showed interest in end of life care to develop further to improve staff competence in this area.

People's confidentiality was respected, conversations about people's care were held privately and care records were stored securely. We saw staff knocking at the people's bedroom door before entering. People told us the staff respected their confidentiality. One person said, "They (staff) never discuss other people with me".

Good

Is the service responsive?

Our findings

People had assessments undertaken before they were admitted to the service in order to ensure their needs could be met. On the day of our inspection the registered manager went out to assess a potential new resident. The information gathered from pre-admission assessments and where applicable, from social services' assessments was used to inform people's care plans.

People and relatives were involved in the assessment process where appropriate. One person said, "Yes, it's in my file and we review it occasionally". Another person said, "My daughter and I helped to put it together when I first moved in here". One relative said, "Yes I am (involved), when [person] first moved in we went through the care plan that had come with her and it was completely rewritten for her time here. I was involved with that alongside her and since then, if one of the nurses wants to talk about anything to do with [person's] care they will make sure that we do that when I am here visiting. So yes, I feel totally involved with everything that is happening to [person] while they're here".

Care plans were legible, person centred and current. They contained information about people's care needs, for example in the management of risk associated with their conditions and people's preferences. People's care plans gave details about people's preferred routines and their life histories.

We found people received care according to their assessed needs. For example, one person had a very limited mobility and was at high risk of tissue damage. When in their chair, they needed to sit on a pressure relieving cushion. We observed the person to be seated in the lounge in a comfy chair with a pressure relieving cushion in place as per their care plan. Another person suffered from a skin condition and we saw they had a relevant care plan which clearly detailed how to manage this condition. The dates of when the dressings had changed were recorded and we saw the records stated the person's skin had improved.

People had access to activities and these were overseen by the deputy manager. On the day of the inspection we observed staff engaging with people in group and one-to-one activities. Staff encouraged people to spend time in the communal areas. One person was seated in the dining room and we observed staff brought them materials for bird watching so the person was able to mark which birds they spotted in the garden. When staff were crossing the room, they engaged with the person and asked them about the birds. We observed picture of various activities, people's celebration events and entertainment were displayed throughout the service. One relative told us, "They really try hard with [person] taking her out and engaging her in activities that she can participate in". An external professional told us, "I think the home is person centred, they have an excellent activity coordinator that works with the residents, some residents also visit the day centre up the road".

The provider had a complaints procedure in place and people knew how to complain. The registered manager promoted an open door policy and we observed people coming in to their office throughout the day. People's relatives told us they knew how to complain and any issues were being addressed promptly. One person said, "I know how to make a complaint, but I've never had to, or raise any concerns". Another person said, "I'd get my daughter to complain, but she's never had to". One relative said, "[Person] has been

here for 18 months, when she first moved in, her room was very dark with no real views. I spoke with the manager and within a week she had moved to this one at the front of the building and she's been a lot happier since". Another relative said, "I've never had any concerns needing to be raised, but the manager is very friendly and approachable, so if I had concerns, I would raise them".

The registered manager told us they had identified that scheduled residents and relatives meetings held in the past had not been well attended. They planned to replace these with 'butterfly meetings' which meant the management would make themselves available for an entire day and people and their relatives could use this as an opportunity to provide feedback about the service. The meeting was planned to take place in March 2017. The registered manager had also identified the annual quality questionnaires had not been effective. The registered manager had replaced these with monthly, thematic, shorter questionnaires focused on specific areas such as food, social life, laundry or personal choice. We viewed an example of one of the recent questionnaires that focused on the service's surroundings and we saw people expressed they would like to see some improvements to the garden. The registered manager told us they had included this in their service improvement plan and had already requested a quote from an external contractor.

Good

Is the service well-led?

Our findings

At our last inspection we found the provider's quality assurance processes were not always effective. At this inspection we found the registered manager had worked hard to improve these. They had put a number of new audits in place that covered areas such as staffing, health and safety, care plans, equipment, nutrition and records. The registered manager constantly reviewed the systems with a view to improving them, for example, we saw a draft of a newly designed spot check form to be used to monitor the cleanliness of the service.

The registered manager had developed an ongoing audits action plan which comprised of any actions identified from individual audits. This allowed the registered manager to have an overview of actions that needed completing. Where an action was required, we saw they had ensured this had been addressed. For example, they had identified people's emergency evacuations plans needed updating, one person had needed a new sling as the label had not legible and that the accident policy had needed to be reviewed. We saw all these actions were marked as completed. The registered manager recognised the benefits of improved quality assurance systems and they told us they felt "much more in control". The registered manager also audited accidents and incident to ensure any trends could be identified.

People complimented the service and the approachability of the registered manager. Comments from people included, "There's a newsletter every month from the manager telling us what is going on", "My room is opposite his office so he often pops in for a chat with me and if I need anything he'll get it for me. He's always up and down the corridors" and "I can chat to them (registered manager) about anything".

People's relatives also spoke positively about how the service was run. Comments from relatives included: "(Registered manager) is very approachable and knows all the residents by name", "From what I've seen, I have no complaints" and "Before [person] came in here, I had no experience of anything like this, but from what I've seen over the last few months, it has struck me as very well organised and managed home and I have certainly not seen anything or heard anything of concern to me in the least about how residents are looked after here". An external professional commented, "The manager is always approachable and appears to take on board and act on any suggestions or recommendations I make. I feel confident he is able to support his staff with the care of the more complex residents". Another professional said, "Manager is excellent. He knows the patients well. He's implemented a good clear set of records for each patient".

The registered manager was supported by the deputy manager. There was a clear staffing structure in place and staff on duty reported to the nurse in charge. Staff were encouraged to attend team meetings. We viewed the minutes from the most recent staff meeting and we noted areas such as infection control, professional boundaries and training had been discussed. Staff complimented the service and told us they enjoyed working there. One member of staff said, "Good team, quite fair, staff don't bring problems to work, if you have a problem you can go to manager or deputy, they deal with things quickly". Another one said, "Out of all jobs I've done this is the best job, you see people smiling, it's rewarding, it could be us when we're older, if my mum was in a care home I'd like to know they are well cared for. (Every person) is someone's family and a human being".

There was a whistle blowing policy in place which protected staff if they needed to make a disclosure about poor practice. Staff were aware of the whistle blowing policy. Staff told us they knew how to report any concerns and that included reporting outside the company. One member of staff told us, "I'd report to director or Care Quality Commission (CQC)".

The registered manager had notified Care Quality Commission of significant events which had occurred in line with the legal obligations. The team at Beech Haven worked closely with other professionals to ensure people received service that met their needs. This included local social services team, hospitals and health professionals.